**FORM D** 

1371761

UNITÉD STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB Number: 3235-0076 Expires April 30, 2008 Estimated average burden

OMB APPROVAL



FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

707041659
DATE RECEIVED

THOMSON FINANCIAL

Name of Offering ( check if this is an amendmer Goldman Sachs GTAA Fund, Ltd.: Shares	nt and name has changed, and indicate change.)	C. C. MAIL
Filing Under (Check box(es) that apply):   Ru	ıle 504 □ Rule 505 ☑ Rule 506 □	Section A(6) TVILOE
Type of Filing: ☐ New Filing ☑ Amendme	ent	
	A. BASIC IDENTIFICATION DATA	2002
1. Enter the information requested about the issue	r	
Name of Issuer (☐ check if this is an amendmen	nt and name has changed, and indicate change.)	F 186 COM
Goldman Sachs GTAA Fund, Ltd.		
Address of Executive Offices (Nur	nber and Street, City, State Zip Code)	Telephone Number (including Area Code)
c/o Goldman Sachs Asset Management, L.P.	, 32 Old Slip, New York, NY 10005	(212) 902-1000
Address of Principal Business Operations (N (if different from Executive Offices)	lumber and Street, City, State and Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
To operate as a private investment fund.		
Type of Business Organization		
□ corporation □	☐ limited partnership, already formed	✓ other (please specify):
☐ business trust	☐ limited partnership, to be formed	Exempted Limited Company
Actual or Estimated Date of Incorporation or Orga	Month Year onization: 0 5 0 6	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviat State: CN for Canada; FN for other foreign jur	

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
* Each promoter of the issuer, if the issuer has been organized within the past five years;
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securiti of the issuer;</li> </ul>
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Goldman, Sachs & Co.
Business or Residence Address (Number and Street, City, State, Zip Code)
85 Broad Street, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Perlowski, John M.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Asset Management, L.P., 32 Old Slip, New York, New York 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Shuch, Alan A.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Asset Management, L.P., 32 Old Slip, New York, New York 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Sotir, Theodore T.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Asset Management, L.P., 32 Old Slip, New York, New York 10005
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or
Managing Partner
Full Name (Last name first, if individual)
Carhart, Mark M.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Asset Management, L.P., 32 Old Slip, New York, New York 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
De Santis, Giorgio
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Asset Management, L.P., 32 Old Slip, New York, New York 10005  Check Box(cs) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer □ Director □ General and/or
Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Goldman Sachs Asset Management, L.P., 32 Old Slip, New York, New York 10005

Domotorffy, Katinka

				A. BASIC IDENT	TFI	CATION DATA				
2. Enter	the information req	uested for the fol	lowii	ng:						
* 1	Each promoter of the	e issuer, if the iss	uer h	as been organized w	rithin	the past five years;				
	Each beneficial own of the issuer;	er having the pov	wer to	vote or dispose, or	direc	et the vote or disposi	tion	of, 10% or	more	of a class of equity securities
* ]	Each executive offic	er and director o	f corp	oorate issuers and of	corp	orate general and m	anag	ing partners	of pa	rtnership issuers; and
* ]	Each general and ma	inaging partner o	f рагі	nership issuers.						
	x(es) that Apply:	☐ Promoter			Ø	Executive Officer		Director		General and/or Managing Partner
Full Name	(Last name first, if	individual)								
Fallon, W	'illiam						<u></u>			
	or Residence Addres	•		et, City, State, Zip (						
	nan Sachs Asset Ma						_			
Check Box	x(cs) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	(Last name first, if	individual)								
Foresi, Sil										
	or Residence Addres	,		et, City, State, Zip (						
	nan Sachs Asset Ma							D:		Con and an dian
Check Box	x(es) that Apply:	☐ Promoter	Ш	Beneficial Owner	<u>-</u>	Executive Officer		Director		General and/or Managing Partner
	(Last name first, if	individual)								
	ki, Raymond J.	0: 1	1.0.							
	or Residence Addres nan Sachs Asset Ma	<del>-</del>		et, City, State, Zip (						
	x(es) that Apply:					Executive Officer		Director		General and/or
				Deficite at Owner		Executive Officer		Director		Managing Partner
	(Last name first, if	individual)								
	ı, Robert B.									
	or Residence Addres			et, City, State, Zip C						
	nan Sachs Asset Ma						_			
Check Box	x(cs) that Apply:	☐ Promoter		Beneficial Owner	<u></u> ✓	Executive Officer		Director		General and/or Managing Partner
Full Name	(Last name first, if	individual)								
Mannion,	Daniel									
	or Residence Addres	•		et, City, State, Zip (	,					
	nan Sachs Asset Ma									
Check Box	x(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name	(Last name first, if	individual)								
Nodelman	ı, Mark					<del>, ,</del>		<del></del>		
	or Residence Addres	•		et, City, State, Zip (						
	nan Sachs Asset Ma									
Check Box	x(cs) that Apply:	□ Promoter		Beneficial Owner	$\Box$	Executive Officer		Director		General and/or

Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Goldman Sachs Asset Management, L.P., 32 Old Slip, New York, New York 10005

Sheridan, Jonathan

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
* Each promoter of the issuer, if the issuer has been organized within the past five years;
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securiti of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Tavel, Eric N.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Asset Management, L.P., 32 Old Slip, New York, New York 10005
Check Box(cs) that Apply:
Full Name (Last name first, if individual)
Vanecek, Richard C.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Asset Management, L.P., 32 Old Slip, New York, New York 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Wianecki, Karl D.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Asset Management, L.P., 32 Old Slip, New York, New York 10005
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)

General and/or Managing Partner

Beneficial Owner □ Executive Officer □ Director □

(Number and Street, City, State, Zip Code)

(Number and Street, City, State, Zip Code)

☐ Promoter

**Business or Residence Address** 

**Business or Residence Address** 

Full Name (Last name first, if individual)

Check Box(es) that Apply:

				B. INI	FORMAT	ION ABO	UT OFFI	ERING				
											Yes	No
1. Has the	e issuer solo	l, or does th								•••••		$\square$
•			A	ınswer also	in Appendi	ix, Column	2, if filing u	ınder ULOF	E.			
2. What i	s the minim	um investm	ent that wil	l be accepte	ed from any	individual?					\$	0,000*
* The Com	pany, in its	sole discreti	on, may acc	ept subscrip	tions below	the minimu	m, provided	that no subs	criptions sha	ll be less	Yes	No
			nount as spec								Ø	
	٠.		•	•								_
commi If a per or state a broke	ssion or sin rson to be li es, list the n er or dealer,	nilar remun- sted is an a ame of the you may so	eration for s ssociated pe broker or do et forth the i	olicitation rson or age ealer. If mo	of purchase int of a brok ore than five	rs in connecter or dealer e (5) person	etion with sa registered s to be liste	ales of secu with the SE	ly or indirect rities in the condition of the condition o	offering. h a state		
Full Name	(Last name	first, if ind	ividual)									
	Sachs & C											
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
85 Broad	Street New	Vork Ne	w York 100	)n4								
	ssociated B			204								
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
(Check "	All States" o	or check inc	lividual Stat	es)					***************************************		🗹 A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (?	Number and	Street, City	y, State, Zip	Code)					-	
Name of A	ssociated B	roker or De	ealer		·							
Name of A	issociated D	TORCI OI DO	Laici									
			s Solicited									
`	All States" o			,								l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[1]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
i un ivame	(Last name	inst, ii mu	ividual)									
D	. D	A 11 ()	.TL	Ctured City	Canan 7im	Cada						
Business o	r Residence	Address (i	Number and	Street, City	y, State, Zip	(Code)						
Name of A	ssociated B	roker or De	ealer									
			s Solicited ( lividual Stat									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	(SC)	(SD)	[TN]	[TX]	ſUTI	[VT]	[VA]	[WA]	[WV]	rwn	[WY]	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \Pi \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold 0 Debt 0 Equity..... 41,155,000 41,155,000 \$ ☑ Common ☐ Preferred Convertible Securities (including warrants)...... Partnership Interests..... 0 Other (Specify: 0 0 41,155,000 41,155,000 Total ..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors 20 41,155,000 Accredited Investors 0 Non-accredited Investors N/A N/A Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Dollar Amount Type of Type of offering Security Sold N/A N/A Rule 505 N/A N/A Regulation A..... N/A N/A Rule 504..... N/A N/A Total ..... 4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... Printing and Engraving Costs 17,865 Legal Fees $\square$

◩

0

0

0

0

17,865

Sales Commissions (specify finders' fees separately).....

Total.....

Other Expenses (identify)

	C. OFFERING PRICE	E, NUMBER OF INVESTOR	RS, EXPENS	ES A	AND USE OF P	ROCE	EDS	
	<ul> <li>b. Enter the difference between the ag</li> <li>Question 1 and total expenses furnis</li> <li>difference is the "adjusted gross proceed</li> </ul>	hed in response to Part C - Que	stion 4.a. Thi	is		\$_		41,137,135
5.	Indicate below the amount of the adjust to be used for each of the purposes sho furnish an estimate and check the bo payments listed must equal the adjusted to Part C - Question 4.b. above.	wn. If the amount for any purpose to the left of the estimate.	se is not knowr The total of th	1, e				
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0	_ 🗆	\$_	0
	Purchase of real estate			\$_	0		\$_	0
	Purchase, rental or leasing and installati	on of machinery and equipment		\$_	0		\$_	0
	Construction or leasing of plant building	gs and facilities		\$_	0		\$_	0
	Acquisition of other businesses (includ this offering that may be used in excanother issuer pursuant to a merger)	hange for the assets or securiti	es of	\$	0		\$	0
	Repayment of indebtedness			<b>\$</b>	0	-	<b>s</b>	0
	Working capital			\$ \$	0		\$ \$	0
	Other (specify): Investment Capital			ς-	0	- <u>-</u>	\$ \$	41,137,135
	Column Totals		_	\$ _	0	- <b>a</b>	\$_ _	41,137,135
	Total Payments Listed (column totals ad	ded)			⊠ \$	41,13	37,135	
		D. FEDERAL SIC	CNATURE				•	
f	The issuer has duly caused this notice to following signature constitutes an undertal of its staff, the information furnished by the	ting by the issuer to furnish to th	e U.S. Securiti	es an	d Exchange Comr	nission,	upon	
	uer (Print or Type) oldman Sachs GTAA Fund, Ltd.	Signature	NC		Date  January 16, 2	007	-	
	ume of Signer (Print or Type) exander Cooper	Title of Signer (Print of Authorized Person	or Type)		<u> </u>	•		

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).